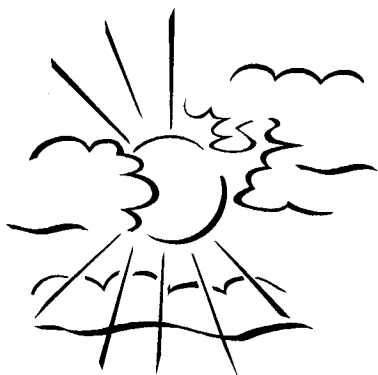


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Tuesday, July 19, 2005

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As Medicaid Balloons, Watchdog Force Shrinks

By MICHAEL LUO
and CLIFFORD J. LEVY

Published: July 19, 2005

New York's Medicaid program pays more than a million claims a day, feeding a \$44.5 billion river of checks to radiologists and ambulance drivers, brain surgeons and orderlies, medical centers and corner pharmacies. Many who get those checks pocket more money than they deserve, and millions of taxpayer dollars are believed to be lost every day to theft and waste.

High Costs, Little Scrutiny

This article is the second in a series examining the security, effectiveness and cost of New York's Medicaid program, the largest of its kind in the nation and the state's biggest expense.

Yet the state, charged with protecting those dollars, has done little to stop them from draining away.

A yearlong New York Times investigation found only a thin, overburdened security force standing between this enormous program and the unending attempts to steal from it. Even as spending by New York Medicaid has more than tripled since the late 1980's, the number of fraud investigators who guard its cash register has fallen by half, and several of their leaders have quit or retired in disillusionment.

Of the 400 million claims that Medicaid paid last year, Health Department regulators uncovered just 37 cases of suspected fraud, far fewer than their counterparts in any other large state, even though New York's Medicaid budget is by far the largest in the nation. Many experts say that it is likely that at least 10 percent and probably more of New York Medicaid dollars are stolen or wasted.

In dozens of interviews, prosecutors, lawmakers and former regulators said the program paid for almost everything and scrutinized almost nothing, in large part because its primary mission has been to ensure that there are enough health care providers in the system to address the needs of the poor. It often appears that the Health Department is barely even looking: There are more than 140,000 hospitals, nursing homes, doctors and other health care providers in the system, but the department visited just 95 in the 2004 fiscal year to audit their billings.

Analyzing Medicaid data obtained under the state's Freedom of Information Law, The New York Times identified scores of instances in which the claims of health care providers jumped markedly in a single year. These spikes are a classic indication of possible improper billing, yet few of those providers had even part of their billings audited by the department, state records show.

New York's Medicaid program, once the pride of the Great Society era, has become a system "that almost begs people to steal," said Michael A. Zegarelli, a senior New York Medicaid regulator until 2003 and a past president of the national association of Medicaid oversight officials.

Meanwhile, other states, including California and Texas, have increased their antifraud efforts and discovered what seems a simple truth: The effort to seek out theft and unnecessary spending can more than pay for itself, just as a parking violations bureau brings in revenue. Workers assigned to Medicaid fraud prosecution units around the nation help bring in an average of \$200,000 each in recoveries, according to federal statistics.

Twenty-five years ago, New York was in the vanguard of fraud prevention. But over the decades it has failed to maintain the investment in employees necessary to close the door on thievery and abuse. Repeated delays stretched the replacement of a 1970's-era computer system that could barely detect fraud into a seven-year ordeal, allowing billions to slip by with little scrutiny.

As dozens of former employees describe it, the state's antifraud effort has been plagued by the same gridlock that has stifled innovation in Albany for years: bureaucratic infighting, allegiance to campaign contributors from the health care field, reliance on public indifference.

In an interview, Dennis P. Whalen, executive deputy commissioner of the Health Department, said combating fraud remained a major goal. He denied that the department had been lax in policing Medicaid and excluding providers who had cheated the program, saying that new computer systems have improved the state's detection efforts.

But State Senator Kemp Hannon, a Nassau County Republican who is chairman of the Senate Health Committee, called The Times's findings deeply troubling, and said they showed that the Medicaid fraud detection system was broken. Mr. Hannon said the Health Department, run by a fellow Republican, Gov. George E. Pataki, was failing to oversee the system.

"This is a red flag for them," Mr. Hannon said. "I have not seen anything that would indicate that there has been any sort of focus at all from the department."

New York's failures have come at a high price, according to advocates for the program's recipients.

(Page 2 of 5)

There is all this money that is being drained away and not being spent on care for the poor people who need it," said Elisabeth Benjamin, who spent eight years as a lawyer at the Legal Aid Society specializing in Medicaid. "It's analogous to the \$5,000 toilet seat in the military."

Investigation Staff Is Cut

More than a dozen years ago, in the heyday of the unit charged with fighting Medicaid fraud and abuse in New York City, dozens of state employees would troop out to locations throughout the city for a regular ritual. With reporters in tow, they would serve papers on scores of shady doctors operating low-quality, high-volume clinics known as "Medicaid mills," said James Mehmet, who retired from the State Health Department in 2001. Mr. Mehmet was the unit's chief of investigators in New York City.

Most days, more than a dozen investigators went undercover as patients to see how they were treated by a doctor or a pharmacist, and then how their visit was billed. In the office, they worked alongside auditors and lawyers, as well as nurses, dentists and doctors - a full medical review staff.

But the energy and ambition of the office have dissipated along with the staff, Mr. Mehmet said. By the time he retired, he said, the 15 lawyers in the office had been reduced to one. The medical review staff was gone. And with the Medicaid budget growing rapidly, it was not the fraud that had diminished, he said, but the will to pursue it.

"The volume of work was so much different," Mr. Mehmet said, recalling earlier days. "The caliber of work was so much different. There was much more emphasis on going after people that were committing fraud and abuse."

Mr. Mehmet and other frustrated former regulators say the drop in the New York City office mirrors the statewide decline in staffing over the last decade, at a time when thieves have become more sophisticated.

In the late 1980's, more than 200 people in the New York Medicaid bureaucracy were devoted to fighting fraud and abuse, said Philip J. Natcharian, who directed those efforts until 1990. Now only 50 people, including clerical staff, have that job, along with a few dozen outside contractors, said Mr. Zegarelli, who worked at the Health Department's headquarters in Albany until his retirement. He said that was far too few to be effective, an assessment echoed by four other former senior department officials.

The former officials said reducing the fraud force made little sense to them, given the huge increase in Medicaid spending in recent years, which has brought the program to more than 40 percent of the state budget.

"How do you not increase the staff to monitor the largest expenditure in New York State?" said Mark J. Ives, who directed the state's fraud and abuse efforts until he retired in 1998.

One likely result of the staffing decline is that since 2000, the amount of money the Health Department has recovered from fraud investigations has fallen by 70 percent, according to data compiled by federal regulators.

At the same time, the state has virtually stopped excluding doctors from Medicaid for violating its rules, excluding only eight out of the 43,000 doctors enrolled in the program last year, a Times analysis shows.

"I think the department's reached the point of Smokey the Bear with a shovel," Mr. Zegarelli said. "They're just running around putting out fires."

The former regulators said they did not believe there had been a deliberate decision in Albany to loosen enforcement. Instead, they described a gradual move away from regulation as Albany focused on expanding and plugging holes in the program.

"They want recipients to get medical care," said Michael P. Sofarelli, who retired as a Medicaid prosecutor in the attorney general's office in 2003 after handling some of the state's biggest Medicaid fraud cases. "Investigating is a small part of the job."

The Health Department reports to Governor Pataki, and in recent years, his budget aides have actually reduced goals for recouping money from Medicaid providers for improper billing.

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The decline of fraud control in New York contrasts sharply with the situation in other states. In 1998, California, which had several high-profile Medicaid fraud cases in the 1990's, added about 400 employees to an existing staff of about 40 charged with rooting out abuse. The number of fraud cases referred to prosecutors has since doubled.

This article is the second in a series examining the security, effectiveness and cost of New York's Medicaid program, the largest of its kind in the nation and the state's biggest expense. Officials in Illinois and Ohio, where the Medicaid budgets are roughly a quarter the size of New York's, visited more than three times as many health care providers in the 2004 fiscal year to audit their billings.

Mr. Whalen, the executive deputy commissioner of the Health Department, said it frequently stopped Medicaid payments it considered questionable. He acknowledged that the staffing for fraud prevention had dropped, but described the change as insignificant, saying the state employed roughly 400 workers whose jobs involve fighting Medicaid fraud and abuse, supplemented by 200 outside contractors.

"The number, in terms of a pure number, has declined, but I would say that it has not been a huge decline," he said.

"Every agency, I am sure, would love to have more staff, and we are no different," he said. "But we are also realistic about the state's fiscal situation."

But former senior department officials said most of the workers cited by Mr. Whalen are not actually investigating fraud. They are accountants, nurses, computer analysts, clerks and others doing administrative jobs, making sure basic regulations are followed, leaving only about 50 state employees dedicated to fraud work.

Mr. Whalen and his aides said new computers and software were helping the department shift its focus from reviewing Medicaid claims already paid to preventing questionable claims from being paid in the first place.

But state statistics show that the department rejected a much smaller percentage of claims in the 2004 fiscal year than its counterparts in California, Florida or Pennsylvania.

Asked to list cases that they developed that led to arrests and prosecutions, Health Department officials could point to only a handful in the last two years.

The result of the cuts is evident in case after case that the state simply missed. The billings of a Queens pharmacist, Newton Igbinaduwa, rose to more than \$1.4 million in 2002 from \$78,000 in 1998, according to billing records analyzed by The Times. But the department never referred the case to the state attorney general's office.

It was only when prosecutors in the attorney general's office got a tip through another case that they found out about Mr. Igbinaduwa, who pleaded guilty last year to grand larceny after billing for drugs he never dispensed.

Prosecution Unit Shrinks

The Health Department is only half of the dwindling security force posted outside Medicaid's gate. The responsibility for prosecuting Medicaid fraud lies with the state attorney general, Eliot Spitzer, who runs the Medicaid Fraud Control Unit. And in the attorney general's office, too, Medicaid abuse has had a reduced priority for more than 15 years, with far fewer prosecutors than it had in the days when Medicaid was a much leaner program.

Though New York has the largest Medicaid fraud prosecution staff in the country, several other states have fraud offices that are larger in proportion to the size of their Medicaid budgets, and they recover a larger percentage from fraud prosecutions. As a percentage of the overall

Medicaid budget, New York's 301 employees won less than half as much as those in Texas, Florida and New Jersey, according to statistics compiled by the federal government for its 2003 fiscal year.

Mr. Spitzer's office said New York used a more conservative method of calculating recoveries than other states, but even using that method, New York still fails to make the nation's top 15 states in the amount recovered as a percentage of the overall Medicaid budget, going back as far as 1999.

Mr. Spitzer's zeal in fighting corporate abuses has not been matched by his efforts in fighting Medicaid fraud, former employees say.

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"I didn't think there was that much focus at the main office," said John M. Meekins, who retired in 2003 as the director of the Albany regional office of the Medicaid Fraud Control Unit.

Referring to Mr. Spitzer, he added: "I'm not faulting the man. His focus was on Wall Street."

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Mr. Spitzer said his office had made strides, especially in investigating the abuse of nursing home residents. The fraud unit's prosecutors have made a philosophical shift, he said, cutting back on the number of inquiries to concentrate on what they consider cases with bigger impact, which could lead to industrywide changes.

"The strategies that we have pursued have made sense and have been successful," Mr. Spitzer said.

However, the attorney general's office has had few such breakthroughs. None have shaken the health care industry in the manner of his successes on Wall Street and in the insurance industry, or the inquiries into nursing homes conducted by his predecessors in the 1970's.

The relatively low profile given to antifraud efforts dates to before Mr. Spitzer's term in office.

The size of the fraud control unit dropped by more than 40 percent between 1979 and the early 1990's. Even after Mr. Spitzer became attorney general in 1999, the size of the fraud unit remained about 300 workers, the same as in the early 1990's. Back then, though, Medicaid cost about \$14 billion a year, and its cost has since more than tripled.

The state could have a much larger prosecution force with a relatively small investment, because the federal government has made a standing offer to pay three-fourths of the cost, and New York's current allotment is well under the maximum. If the state spent an additional \$24 million on its fraud prosecution unit, the unit's current budget of \$45.7 million would more than triple to \$148 million, mostly from the federal match.

Mr. Spitzer said state budget officials had repeatedly demanded hiring freezes for his office.

"The possibility of increasing simply has not been presented by the Department of Budget," he said, emphasizing that he believed that hiring more staff members made sense.

Last year, Mr. Spitzer said, the fraud unit recovered a record amount in overpayments: \$62.5 million, up from \$40 million in 2003. But the higher figure includes \$30.8 million that was New York's share of a major nationwide settlement with two pharmaceutical companies over drug pricing. That case was spearheaded by federal prosecutors, not New York officials.

Behind the Scenes, Turf Battles

The Health Department and the attorney general's office must contend not only with growing fraud and depleted resources but also with another opposing force: each other. Over the years, they have accused each other of foot-dragging, incompetence, or resistance to change. Their mutual animosity and suspicion have come at the expense of the battle against fraud.

By law, it is the Health Department, not the attorney general's office, that is primarily responsible for identifying fraud. But the department's principal task is to keep the huge flow of payments moving swiftly, and at this point, with its shrunken enforcement bureau, the department sends very few cases to prosecutors.

Former officials of both departments say their different missions have left them clashing instead of cooperating.

Former prosecutors complained that Medicaid regulators often crippled their criminal cases by suing those they suspected of overbilling in civil court, hoping to get some money back to the

system before the attorney general filed criminal charges. In those cases, prosecutors said, the state would often settle a case quickly for only a fraction of the amount overbilled.

Mr. Spitzer, a Democratic candidate for governor, said his prosecutors could not depend on the Health Department.

"They are just not a useful resource for us in the sense of providing us with ideas, places to look, referrals," he said.

Asked about Mr. Spitzer's criticism, a department spokesman, William C. Van Slyke, said, "We believe that his political ambitions are the motivation for his comments, as opposed to the facts."

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Former Health Department officials said that when they turned over evidence of fraud to the attorney general's office, the prosecutors often took months or even years to piece together a case, all while the fraudulent activity continued to siphon money from the system. Medicaid officials said they preferred a civil case to stop the fraud immediately.

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"They were malingerers," said Mr. Ives, former director of the department's fraud section. "They would take forever and ever to process a case."

Mr. Van Slyke said 70 percent of the cases the department referred to the attorney general's office since 2000 were still open. The office responded that many of those cases were fully investigated but just not technically closed.

Whatever the cause of the tensions, the department refers far fewer cases to prosecutors than its counterparts in other large states. Texas referred nearly seven times as many cases to its Medicaid prosecutors as New York did in the last fiscal year. California referred nearly four times as many, and Ohio more than three times as many.

Resisting Reform

In the fight against fraud, New York's inadequate arsenal is not an accident. In Albany, reformers have repeatedly been outspent and outmaneuvered by the health care industry.

Several large states, including California, Florida and Illinois, have laws that encourage whistleblowers to come forward with information about fraud schemes, offering them a portion of any money recovered. There is a similar federal law to fight fraud in Medicare, the program for the elderly and disabled.

But when Mr. Spitzer has had this type of bill, called a false claims act, introduced in New York, it has died. The bill was denounced by the Healthcare Association of New York State, which represents hospitals, nursing homes and other providers, as well as the State Medical Society, which represents doctors. The groups, which spend millions annually on lobbying and campaign contributions, predicted that the bill would lead to an epidemic of frivolous allegations.

"New York State's health care provider community has faced unprecedented, overzealous investigations by regulators and law enforcement officials," the association said in a memo. Daniel Sisto, president of the association, said that its members believed that federal officials had used inappropriate tactics to crack down on fraud, and that they had fought the whistleblower law out of fear that the state would follow suit. He said the group's members faced a raft of different requirements from Medicaid, Medicare and numerous private insurance companies, and as a result made billing mistakes that were wrongly criminalized.

"What concerns me from our past experiences is that there is overzealousness in the interpretations of any overpayments as fraud and abuse," Mr. Sisto said.

In May, the Republican-controlled State Senate approved legislation, sponsored by Senator Dean G. Skelos of Nassau County, that would create an independent Medicaid inspector general. The measure would take away some of the responsibility for combating fraud from the Health Department and the attorney general's office and give it to the new agency and to local prosecutors.

Mr. Pataki and Mr. Spitzer opposed the measure, as did the Democratic majority in the State Assembly, which has long allied itself with large health care lobbies and unions. Assemblyman Richard N. Gottfried, a Manhattan Democrat who is chairman of the Health Committee, said he did not believe that the system needed to be changed.

Asked whether the Democrats would take any action on the issue, Mr. Gottfried said, "Maybe that would be a good one for us to hold hearings on in the fall."

Michigan Report

July 18, 2005

STATE PONDERES SUIT ON MEDICARE COSTS

Michigan is one of about 17 states investigating legal action against new Medicare provisions that as of January will force the state's to pay costs of prescription drugs for the 6 million individuals who qualify both for the federal Medicare program for the elderly and the state-run Medicaid program for low-income persons.

Governor Jennifer Granholm, at the National Governors Association meeting in Des Moines, Iowa, expressed hope a solution can be negotiated before the policy, which the states say will cost them hundreds of millions of dollars, goes into effect.

While the new policy hands responsibility for the dual eligible group to the federal government as part of the Bush administration push to slash spending, it requires states to send funds to Medicare to pay most of the costs under a formula the governors say is cumbersome and even more costly than existing policy. States had been hoping to shift the dual eligible issue to Medicare to help pare the fast-rising costs of Medicaid.

"We're all talking to our attorneys general and contemplating a suit," Ms. Granholm said of the potential legal action by Michigan and other states.

The NGA's own efforts to hold down Medicaid costs include a proposal policy with more flexibility to design specific plans for different groups, to charge higher premiums and co-pays and to put restrictions on shedding assets to qualify for the program.

Port Huron Baby Dies, Father Jailed

Autopsy To Be Performed On Child

POSTED: 1:41 pm EDT July 18, 2005

UPDATED: 2:15 pm EDT July 18, 2005

A 1-month-old child died on Sunday from injuries she suffered last week, according to a Port Huron police news release.

Baby Miranda was pronounced dead at Children's Hospital at 1:15 p.m.

Miranda's father was taken into custody after a second search warrant was executed on the family's home in the 700 block of Chestnut in Port Huron, according to police.

Miranda had been on life support at the hospital after being injured in her home last Tuesday, Local 4 reported.

The father told police that the child fell, but police believe Miranda's injuries were the result of her father shaking her, according to the news release.

He's being held at the St. Clair County Jail on an open murder charge pending his arraignment, police said.

An autopsy is scheduled to be conducted on the child on Monday.

Tuesday, July 19, 2005

Dad faces charges in baby son's death

By ANGELA MULLINS
Times Herald

A 36-year-old Port Huron man is expected to be arraigned today in St. Clair County District Court on charges stemming from the death of his 3-week-old son.

Police arrested the man, whose name has not been released pending his arraignment, on an open murder charge Sunday after the infant died at 1:15 p.m. in Children's Hospital of Michigan in Detroit. Open murder means a jury could convict him of one of varying degrees of homicide as outlined by a judge.

Port Huron police have been investigating the incident since July 11 when the father called 911 to report his son had stopped breathing.

When emergency crews arrived at his house in the 700 block of Chestnut Street, they took the baby to Port Huron Hospital. The child later was transferred to Detroit with severe injuries, police Capt. Neal Rossow said.

The father originally told police the baby was injured after being dropped during feeding, but further investigation led police to believe the infant's head was injured after the father shook him, Rossow said.

Details were not available Monday about the baby's injuries. The exact cause of death was unavailable.

The father remained Monday in the St. Clair County Jail in Port Huron.

Contact Angela Mullins at (810) 989-6270 or amullins@gannett.com.

Originally published July 19, 2005

Child trapped by car window dies

By MIKE FORNES

Tribune Staff Writer

CHEBOYGAN - A 3-year-old Benton Township girl trapped in the window of one of her family's vehicles Sunday died at a Grand Rapids hospital Monday morning.

Lilleia Guilbault of Orchard Beach Road ultimately succumbed to injuries received at approximately noon Sunday, a Michigan State Police report stated. A 911 call from the girl's residence indicated that the child was discovered trapped in one of the family's vehicles with the window rolled up against her neck.

Although the child was unconscious when found by a family member, rescue efforts at the scene were initially successful in resuscitating her. She was first treated at Cheboygan Memorial Hospital and then flown to Grand Rapids for treatment.

Investigators were told that the girl had been playing outside before being found trapped in the car window. The investigation is continuing.

SAFE KIDS helps parents with child safety

By Kayla Kiley, Cadillac News

CADILLAC - The SAFE KIDS chapter of Cadillac will meet on Thursday at 10 a.m. in the Cadillac Fire Department. The SAFE KIDS meetings address bike, car, water and fire safety. The meeting is open to those interested in child safety and reducing accidental injury of children from birth to 14 years old.

"Car accidents are the main cause of deaths for children in the United States," said Diane Dykstra, a SAFE KIDS volunteer from Cadillac. "Car safety and proper installation of car equipment should be SAFE KIDS' No. 1 priority."

As a rule of thumb, Dykstra stresses the importance of remembering "children under 40 pounds need to be in a car seat, and children that are 40 to 80 pounds need to be in a booster seat when in a vehicle."

Those in need of a car or booster seats are able to receive one through SAFE KIDS. SAFE KIDS also offers a free, trained "car seat technician" to inspect car and booster seats. Through focusing on the issue of car safety, the SAFE KIDS chapter of Cadillac has reduced the amount of car-related injuries for children in the area.

Although SAFE KIDS has helped the Cadillac area with child car safety, there is always room to increase safety for the children. Because SAFE KIDS is a nonprofit and volunteer program, donations are necessary in order to provide needy community members with child safety equipment. United Way of Wexford County and State Farm Insurance are among those that have previously donated funds, but the need for safely materials seems endless.

"We are always looking for additional funding because we run out so fast," Dykstra said. "We have a low supply of car and booster seats, and our goal is to keep them in stock to meet the demands of those in need."

news@cadillacnews.com | 775-NEWS (6397)

Molestation charges carry stigma of guilt, says accused

By Tom Willard

Daily Tribune Staff Writer

PUBLISHED: July 18, 2005

MADISON HEIGHTS — A Madison Heights man set to stand trial on charges he sexually molested two teenage boys says his accusers' claims have ruined his good name in the community.

In a letter sent to the Daily Tribune, Ronald Wayne Vannoy addresses the toll his criminal case has taken on him, both personally and professionally.

"No matter how long you have known a person — it doesn't matter if (you are) friends and family — once an accusation is made everybody pulls away because the truth is you never know what happened," Vannoy wrote in the letter, the first public statement he has issued since his arrest in April.

Vannoy, 49, was ordered to stand trial on a total of 10 counts of criminal sexual conduct after a June 28 pretrial exam before Judge Michael D. Warren Jr. in Oakland County Circuit Court. A jury trial is tentatively scheduled for Aug. 18.

Vannoy is accused of fondling and performing oral sex on two male juveniles in numerous separate encounters between 2000 and 2004. Both of the alleged victims testified in court that Vannoy served them alcohol and showed them pornography prior to initiating sex, and became agitated and forceful if they resisted.

One of the boys was 12 when the sexual contact began, according to authorities.

In his letter, Vannoy did not specifically address the merit of the allegations but suggested that, in general, defendants in sexual assault cases are often convicted with little proof.

"The bottom line is the case generally results in a 'he said, she said' case with no witness(es), but 95 percent of the time the man is found guilty and sent to prison!" he wrote. "What has our society come too (sic), just a \$ sign in most eyes."

Criminal sexual conduct cases commonly lack corroboration by a witness due to the secretive nature of sexual crimes, especially those against children, said Oakland County Assistant Prosecutor Cindy Brown. That doesn't preclude such cases from being prosecuted, however, she said.

"By law, I can put a victim on the stand (without corroborating testimony). As long as a jury believes that victim beyond a reasonable doubt, that's all I need," she said.

Corroboration exists for some of the incidents contained in the complaint against Vannoy, according to Brown, who declined to elaborate.

Vannoy is well-known in Madison Heights, in part because of his ties to Mayor Edward Swanson. He worked for more than 20 years at Swanson's funeral home in the city and served as the mayor's campaign director in past elections; Vannoy was also active in local service groups and organized the city's popular Memorial Day parade.

Friends and even some family members have distanced themselves since his arrest, according to Vannoy, who in his letter also implied that his costly legal battle has resulted in the loss of his savings, home and other possessions.

"My career is irrevocably damaged, along with standing in clubs, organizations and societies in (the) community; you're bonded, handcuffed, printed, tossed in a holding cell, and transferred to a County jail to lay on a cold concrete floor with a blanket for five days, then sent up to a 10-man cell," Vannoy wrote.

There has been a rush to judgment in his case, he suggested.

"In this society today, you are now found guilty before proven innocent by the media and society, whatever happened to innocent until proven guilty in this country?" he wrote.

Vannoy added: "This is a world of regulations and penalties, 'CSC' charges are taken more serious than murder, and you can serve less time in prison for murder than you can for 'CSC' charges."

In addition to nine lesser counts of criminal sexual conduct, Vannoy faces one first-degree count (involving a child under the age of 13), which carries a sentence of up to life in prison. If convicted, he would likely receive a sentence range and would be eligible for parole after serving the minimum sentence, said Brown. By comparison, first-degree murder carries a mandatory life sentence without parole in Michigan, she noted.

"I don't think (CSC penalties) are too harsh at all," she said. "I think there are circumstances where the law doesn't provide harsh enough penalties, because of the violation on children (and) the fact it takes advantage of the most vulnerable people in our society."

Contact Tom Willard at tom.willard@dailytribune.com or 248-591-2564.

Tuesday, July 19, 2005

Parents welcome day care program Four Downriver centers to begin federally funded full-time Head Start for low-income families.

By Karen Bouffard / The Detroit News

Lori Szymoniak of Allen Park needs full-time child care for her two children in order to work and attend college.

Beginning in September, Szymoniak's children will be able to participate in Head Start at their day care center, which is among four Downriver centers to begin offering Head Start full-time.

The federally funded program prepares low-income children for kindergarten while providing parenting education, home visits, dental care and other family services. But it's usually available just a few half-days each week.

"Parents who were in need of full-time day care and were in the centers were skipping Head Start, and because of that they were missing out on all of (the Head Start services)," said Pat Sargent, project director for the Early Childhood Partnership Initiative, which is bringing Head Start to the centers.

The initiative has resulted from a partnership between Michigan Community Alliance, Wayne County Health and Family Services Head Start, the Child Care Coordinating Council of Detroit/Wayne Inc., and the Guidance Center, a Southgate-based social services agency that runs Head Start programs for the county.

The agencies applied together for a \$240,000 grant from the Skillman Foundation to implement the full-time Head Start programs, Sargent said. They hope to add more centers later. Szymoniak is glad her children will be able to receive all of the services available through Head Start at her regular day care center, Good Beginnings, in Southgate.

"They really work with the kids," she said, "plus they have that real good preschool there."

Full-day Head Start
Four Downriver day
care centers will offer
full-time Head Start
programs starting in
September.

- Teddy Bear Day Care
5043 Allen Road, Allen
Park

(313) 381-8484

- St. Alfred Parish Child
Care Center

9500 Banner, Taylor
(313) 291-0092

- Children's World
27975 Eureka Road,
Romulus

(734) 941-8170

- Good Beginnings
15500 Reeck Road,
Southgate

(734) 281-1111

You can reach Karen Bouffard at (734) 462-2206 or kbouffard@detnews.com.

Child-care contract up for bid

Tuesday, July 19, 2005

By Ted Roelofs The Grand Rapids Press

WEST MICHIGAN -- With a \$500,000 contract up for bid, a regional child-care agency faces an uncertain future as the state continues to seek ways to trim its budget.

"There are a lot of unknowns, a lot of uncertainty," said Deb VanderMolen, executive director of Kent Regional 4C, which provides child-care services in Kent and five nearby counties.

VanderMolen said the state notified the agency this month it will put its contract for child referral services up for bid. In the view of the agency's \$1.2 million budget, loss of that contract would almost certainly mean staff layoffs and a significant hit to the agency's nonprofit mission. Under that contract, the agency helps welfare clients and refugees find child care so they can get jobs. It also assists low-income clients in applying for supplemental funds for child-care service. VanderMolen admitted to having concerns about how this could affect staff at the agency.

But she said her bigger fear is for the thousands of families they help each year.

"Our primary concern is that low-income families and families seeking work receive the same level of services they always have," VanderMolen said.

Stepheni Schlinker, spokesperson for the Department of Human Services said the bid is part of budget-tightening reforms ordered by Gov. Granholm that put all contracts up for bid.

But Schlinker was uncertain how likely it is another entity would put a bid together to rival Kent Regional 4C.

"In theory, they could lose" the contract, Schlinker said.

A spokesperson for the Department of Management and Budget said a committee will evaluate any bids, weighing factors such as performance, past history and price. The winning bid would not necessarily be lowest, according to Bridget Medina.

"The agency could give more weight to one component or another depending on the service that was being sought," Medina said.

Gayle Orange, chairwoman of the Kent Regional 4C, agreed competitive bidding "helps all of us stay on our toes and get the best bang for your buck."

But Orange was concerned other bidders might not be as conscientious about monitoring the child-care providers to which it sends its clients.

"Certainly it could be threatening. But I guess we will wait and see," Orange said.

Child care staff takes cuts to keep center open

Tuesday, July 19, 2005

SUSAN J. DEMAS THE SAGINAW NEWS

To make sure their youngest patrons had a place to play, prance and paint for another year, the six full-time Carrollton Child Care Center employees volunteered Monday to take pay and benefit cuts.

"It's worth it," declared co-coordinator Sharon Watt, a 16-year veteran of the center.

"We didn't want to see the center or any part of it closed."

The Carrollton Board of Education last month almost shuttered infant and toddler care, the most expensive at the center, to help balance the district's \$14 million general fund budget.

Care for children younger than 2.5 years old hemorrhaged money for six straight years -- including \$32,600 in fiscal 2005.

But a last-minute intervention of center employees, school administrators and parents produced a plan to break even for fiscal 2006.

That was enough to convince school board members to unanimously vote to let the infant/toddler room live on another year.

The center serves 100 children 6 weeks to 10 years for all day and before and after school.

To slash costs, co-coordinators Watt and Karen Rahn agreed to reduce their wages by \$1.50 an hour. Watt's pay will fall to \$11.02 hourly from \$12.52 hourly. Rahn's pay will fall to \$11.78 hourly from \$13.28 hourly.

Full-time employees will work one less hour a day, made possible by the hiring of two substitutes; and employee health insurance costs will double from \$25 to \$50 per month.

The center also will close during July 2006 -- the slowest time of the year.

"They showed an extreme desire to keep this unit open," said district Business Manager Janet Swanson, who helped devise the center's new budget.

"Their main focus is on the community, and they should be commended for that."

Susan J. Demas is a staff writer for The Saginaw News. You may reach her at 776-9688.

Tuesday, July 19, 2005

Sex assault alleged at group home

A resident of a Pittsfield Township adult care group home has been charged with sexually assaulting his roommate, police said.

Stephen Blansett, 22, was arraigned on one count of third-degree criminal sexual conduct on suspicion of assaulting another resident at the home on Country Lane, said Detective Lt. Steve Heller of the Pittsfield Township Department of Public Safety. Blansett moved into the home last week and is suspected of assaulting the victim multiple times, Heller said. The victim reported the incidents Saturday.

Blansett remains in the Washtenaw County Jail on \$10,000 bond.

Thieves in York Twp. pose as landscapers

Authorities are looking for two men who stole money from a York Township home while posing as landscapers over the weekend, police said.

The men approached an elderly woman at her home in the 1100 block of Mooreville Road on Saturday evening and one lured her to the backyard to offer free tree trimming, said Cmdr. Dave Egeler of the Washtenaw County Sheriff's Department. The other man entered the home and stole cash from the bedroom, Egeler said.

Anyone with information is asked to call the sheriff's tip line at (734) 973-7711.

News staff reporter Art Aisner compiled this report.

Poverty shouldn't mean dependency is inevitable

Port Huron Times Herald
July 19, 2005

Anita Bruzzese's "On the Job" column of June 12 is another example of what I have been writing in my letters. Al Siebert, director of the Resiliency Center in Portland, Ore., said, "People are in the habit of blaming their bosses or the economy for the stress at work. But that's a mistake. People have to understand that they are stressing about change. They have to instead look at it as 'what can I do about it.' It's not the situation; it's your response to it that is what really matters." That backs up what I have previously written - that a person is responsible for his or her actions or inaction. The government or other people do not owe you the American Dream. You must earn it.

Gov. Jennifer Granholm said the Republicans spending plan of cutting back on expense and not increasing taxes is going to hurt those who could least afford it. In my view, the American public is telling Democrats and Republicans we Americans are willing to help those who need it, however, there must be action from those who receive the help.

There must be an effort on the recipient's part to become a person who earns it, not to simply take aid from those who have it. That should apply to assistance for people in the United States and to others our nation helps throughout the world.

Americans want an end to the welfare state and a return to the American values of years ago that led to us becoming the greatest nation on Earth.

CHUCK NORMAN

Let them volunteer

Monday, July 18, 2005

KALAMAZOO GAZETTE

We're disappointed that Michigan Attorney General Mike Cox has ruled that the state of Michigan can't require high school students to perform 40 hours of community service as one of the conditions of qualifying for a Michigan Merit Award scholarship.

Under the new requirement, starting with the class of 2006, students who qualify academically by scoring well on the Michigan Educational Assessment Program tests would have had to perform the community service to get the scholarship.

The provision was challenged by state Rep. Brian Palmer, R-Romeo, who requested the attorney general's opinion on whether the new requirement was legal.

Cox said recently the community service requirement is void because it has nothing to do with academic achievement.

We have consistently applauded efforts by the education community to instill an interest in, and enthusiasm for, volunteering by students.

With soaring federal, state and local budget deficits forcing programs -- especially social service programs -- to be slashed, it is clear that government can't be all things to all people and can't solve all problems.

To keep communities from being overwhelmed, volunteers are needed more than ever to help feed the hungry, house the homeless, tutor the illiterate, beautify rundown neighborhoods.

If government continues to pull out of the social service business, society must rely all the more on organizations like Loaves and Fishes, Ministry With Community, Habitat for Humanity, the Kalamazoo Gospel Mission, the Literacy Council and thousands of other groups. These groups couldn't function without the help of volunteers.

A lifelong habit of volunteering must begin at an early age. We believe there is nothing wrong with schools introducing young people to volunteering, especially when they might not be introduced to it by their own parents.

Parents of some students have complained about community service requirements because mandatory service isn't volunteer service.

But students who participate in such programs often come away from their volunteer experiences with a tremendous feeling of satisfaction. ...

We had hoped many more would start a lifetime of volunteering with this Merit scholarship requirement.

Society

Dinner benefits agency that aids women

By Chuck Bennett / Special to The Detroit News

Sue Nine of Bloomfield Hills stood at the podium at the Oakland Hills Country Club on July 8 and introduced Cassandra Scott, listing all her glories and accomplishments.

"This lady has raised eight children, seen to it that every one of them is well-educated, and decided to go to college when her youngest child was old enough to be left at home," Nine remarked.

"As a mature adult, Cassandra moved into the dorms at University of Michigan as an entering freshman, and she graduated four years later with a master's degree in social work, finished with a perfect 4.0 honor average and gave the graduation address as the valedictorian of her class."

When Scott, executive director of Women's Survival Center of Oakland County took the stage, she joked: "I don't know where that person is, but we should definitely keep her around."

The occasion was the Salute America Dinner to benefit Women's Survival Center of Oakland County. Nine, along with Magee Allesee, also of Bloomfield Hills, co-chaired the event.

About 180 guests attended, most dressed in the requested red, white and blue. There was a silent auction, hors d'oeuvres during cocktail hour, and an all-American dinner that consisted of fried chicken, mashed potatoes, green beans and corn on the cob. A delightful surprise served with the salad was a nice hot slider.

Broadcaster Jim Brandstetter was the evening's emcee and the honorees were artist/calligrapher William Bostick, veteran media personality Sonny Elliot and Weight Watcher's Florine Mark.

Tickets were \$150 (donor), \$200 (patron), and \$250 (benefactor).

Women's Survival Center provides pro bono legal services for the underserved in the area of domestic violence, runs a child care center in Pontiac for children from 6 weeks to 12 years of age ("Maggie's Rising Stars"), and administers the entire Personal Protection Order program for the Oakland County Circuit Court on a volunteer basis.

Society

July 19, 2005

3 events show off festival fireworks

By Chuck Bennett / Special to The Detroit News

Three well-planned events. Three venues with great views. One spectacular fireworks display.

It was the inaugural fireworks viewing party for Cass Community Social Services on June 29 at Coach Insignia atop the Renaissance Center. More than 250 patrons dined on the 71st and 72nd floors while enjoying a one-of-a-kind view of the International Freedom Festival Fireworks. The event raised just less than \$75,000 to support CCSS's programs in Detroit that help everyone from children to seniors struggling with homelessness, mental illness and/or chronic addiction. Simultaneously, on the first floor of the Ren Cen at the popular jazz supper club Seldom Blues, an estimated 200 people grooved to the sounds of Kimmie Horne, while making menu selections from a special preplanned, four-course meal that included options such as white gazpacho soup with crab lime salsa, cherry barbeque salmon and a specialty dessert that arrived at guests' tables with its own version of fireworks. This one was not a charity, but patrons paid \$100 each for the four-course meal, the entertainment and the front-row seat to the fireworks.

Just across the way from Seldom Blues on top of the Miller Parking Garage, the big gig went down. More than 2,000 people -- adults and children alike -- gathered for the Parade Company's Rockin' the Rooftop party sponsored by Target and General Motors. This one was packed with action, including a live performance by Grammy-winning artist Eminem. The Roostertail created an array of themed food stations, while WDIV-TV (Channel 4) did a live broadcast, and guests danced, played games, got their faces painted and viewed the fireworks that were just a stone's throw away.

Tickets for the 14th Rockin' the Rooftop were \$175. It is one of the largest fund-raisers for America's Thanksgiving Day Parade.

What's coming up

St. John North Shores Hospital's 10th annual Honorable Frank E. Jeannette Memorial Golf Outing is Monday at the Moravian Hills Country Club in Clinton Township. Morning and afternoon shotgun starts are available. Golf packages at \$175 include 18 holes of golf, cart, grill lunch, beverages and snacks, and cocktails and dinner (optional dinner only, \$50). Information: (586) 466-5354.

Lupus ChariTee Golf Outing is 10 a.m. July 29 at the Sycamore Hills Golf Club in Macomb. The golf outing is presented by the Lisa Krimmel-Schultz family and hosted through their family-owned Phoenix Coney Island Restaurants in Sterling Heights. The registration fee of \$125 includes 18 holes of golf with cart, lunch, beverages and snacks, complimentary driving range, a sit-down steak dinner with premium bar and a silent auction. Proceeds will benefit the Lupus Alliance of America, Michigan Indiana Affiliate. Information: (800) 705-6677 or www.milupus.org.

Project Compassion Ministries, Inc.'s 18th annual Golf Benefit Outing is 8:30 a.m. Aug. 8 at Fox Hills in Plymouth. The event features an auction. The registration fee of \$125 includes golf,

cart and hot luncheon (students, \$75; luncheon only, \$30). Information: (313) 897-7470 or (800) 626-9622. Society
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